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Bib Data Sheet

CONFIRMATION NO. 7167

|                                    |                                                           |                     |                               |                                         |
|------------------------------------|-----------------------------------------------------------|---------------------|-------------------------------|-----------------------------------------|
| <b>SERIAL NUMBER</b><br>10/661,471 | <b>FILING OR 371(c) DATE</b><br>09/12/2003<br><b>RULE</b> | <b>CLASS</b><br>435 | <b>GROUP ART UNIT</b><br>1654 | <b>ATTORNEY DOCKET NO.</b><br>UBC1180-2 |
|------------------------------------|-----------------------------------------------------------|---------------------|-------------------------------|-----------------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/308,905 12/02/2002 which claims benefit of 60/336,632 12/03/2001

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

01/09/2004

## \*\* SMALL ENTITY \*\*

|                                                                                                                                                     |                            |                     |                    |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                                     | STATE OR COUNTRY<br>CANADA | SHEETS DRAWING<br>5 | TOTAL CLAIMS<br>22 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                            |                     |                    |                         |
| Verified and Acknowledged<br>Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>                                                   |                            |                     |                    |                         |

## ADDRESS

28213

## TITLE

Effectors of innate immunity determination

|                                   |                                                                                                                   |                                                                |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>FILING FEE RECEIVED</b><br>468 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                   |                                                                                                                   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                   |                                                                                                                   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                   |                                                                                                                   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                   |                                                                                                                   | <input type="checkbox"/> Other _____                           |
|                                   |                                                                                                                   | <input type="checkbox"/> Credit                                |